

Director's Signature:

C. Salemi

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: May 22, 2010

Director's Signature:

C. Salem

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Folk_OIG_PRR_002834

Employee Name:		Sunday 05/16/10	Monday 05/17/10	Tuesday 05/18/10	Wednesday 05/19/10	Thursday 05/20/10	Friday 05/21/10	Saturday 05/22/10
Glazer,Lisa 45161000	Day: In - Out		6:45 2:45	12:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 1:45
	Lunch: Out - In		12:00 12:30		12:00 12:30	12:00 12:30	12:00 12:30	
<u>SL Glazer</u> Employee Signature	Outside Duty: From - To			HANOVER DISTRICT WEST BOSTON/ 10:00 12:30 09:30 12:00				
Document exceptions or comments, indicate type and amount.								OT 6 hrs
Lawler, Michael 45161000	Day: In - Out		7:55 4:30					
	Lunch: Out - In		2:00 2:30					
<u>JLS</u> Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				MOSES LEAVE ✓ 3:00 VACATION 7.5 16 Furlough 45 FNNW	7:5 FNNW Furlough	7:5 FNNW Furlough	7:5 FNNW Furlough	
Medina, Nicole 45161000	Day: In - Out		7:30 3:50	7:40 1:40	7:45 3:45	7:40 3:40	8:30 3:30	
	Lunch: Out - In		12:00 12:30		12:00 12:30	12:00 12:30	12:00 12:30	
<u>JLS</u> Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				1.5 sick appt ✓				SICK Thru
O'Brien, Elisabeth 45161000	Day: In - Out		7:45 4:50	7:40 2:40	7:50 1:50	7:50 3:55	7:50 2:30	
	Lunch: Out - In		11:00 1:10	11:30 1:20	11:30 12:00	11:30 12:00	11:30 12:00	
<u>E. O'Brien</u> Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			per. 2.0 ✓					com. 0.5 ✓

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Employee Name:		Sunday 05/16/10	Monday 05/17/10		Tuesday 05/18/10		Wednesday 05/19/10		Thursday 05/20/10		Friday 05/21/10		Saturday 05/22/10	
Philips, Gloria 45161000 <i>PGS</i>	Day: In - Out													
	Lunch: Out - In													
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.														
Piro, Peter 45161000 <i>DPL</i>	Day: In - Out		730	3:30	810	616	815	210			8810			
	Lunch: Out - In		12	12 ³⁰	12	1230								
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.														
Renczkowski, Daniel 45161000 <i>DR</i>	Day: In - Out		810	410	645	245	705	325	700	300				
	Lunch: Out - In		1200	1230	1200	1230	1200	1230	1200	1230				
	Outside Duty: From - To										Shatuck 830 930			
Document exceptions or comments, indicate type and amount.											7.5 ✓			
Saunders, Della 45161000 <i>Della Saunders</i>	Day: In - Out		6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	
	Lunch: Out - In		1:30	2:00	1:40	2:10			1:30	2:00			1:45 2:15	
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.											Salem Superile CMT 1.5 ✓	OT 9.5 ✓		

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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 5/20/10

of hours requested: 45 hr Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: _____ Date: _____

Department Head: Fiona Main Date: 5/21/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Lisa Glazer	314719	6.0 hrs			
Della Saucier	147387	9.5 hrs			
Zhi Tan	148724	9.5 hrs			